

Complete top part

**VERIFICATION OF LICENSURE**

\_\_\_\_\_ is physically located at  
[Name of Company]

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
was issued North Dakota State Board of Pharmacy:

Wholesale Manufacturer / Distributor License    Out-of-State Pharmacy Permit    Pharmacist  
Intern    Registered Pharmacy Technician    *Circle correct license issued by the Board*

**North Dakota** License # \_\_\_\_\_

===== BOARD of PHARMACY WILL COMPLETE THE BOTTOM HALF =====

This License # \_\_\_\_\_ was issued on: \_\_\_\_\_

Will expire on \_\_\_\_\_.

This License is current, active and in good standing with the North Dakota State Board of Pharmacy. There have not been any disciplinary actions taken against this license nor are there any disciplinary actions pending.

\_\_\_\_\_  
Signature  
Eileen Heidrich  
Executive Assistant  
\_\_\_\_\_

\_\_\_\_\_  
Date

North Dakota State Board of Pharmacy

[State Seal]